

1115 Waiver Comments – Hearing Healthcare

Chicago Hearing Society is a member of the Hearing Healthcare Alliance for Underserved People. Led by Father Joseph Mulcrone, Director of the Chicago Catholic Office of the Deaf, the Alliance includes advocates and providers: AARP-Illinois, Access Community Health Network, Access Living, AgeOptions, Americans for Better Hearing Foundation, Catholic Office of the Deaf, Chicago Hearing Society, Children of Peace School, Equip for Equality, Health and Medicine Policy Research Group, Rush University Medical Center, University of Illinois at Chicago.

The Alliance urges the State of Illinois to request that CMS regard spending on hearing aids, hearing testing and related services as expenditures under the Medicaid State Plan, subject to federal matching payments. We request that hearing aids and related hearing health services be treated as Costs Not Otherwise Matchable (CNOM). Few practitioners in Illinois will serve Medicaid patients who need hearing aids because the reimbursement rate is seriously inadequate. By treating spending on currently unmatched equipment and services as a CNOM in the waiver, the funding available for these services will be expanded, thereby allowing the State of Illinois to increase payment for services. Such an increase would make it possible for more service providers to address the need for hearing aids and other hearing healthcare services for Medicaid patients.

The Alliance respectfully submits the following comments.

Comments related to HCBS Infrastructure, Choice and Coordination

Hearing Loss is one of the most prevalent, yet untreated, health issues facing the citizens of Illinois today. According to data published in February, 2012 on the Illinois Deaf and Hard of Hearing Commission website, 8.6% of the state's population was deaf or hard of hearing. Medicaid recipients are amongst the most marginalized groups in need of hearing health care because they suffer from severely limited access to providers who will dispense hearing aids.

In 2010, 2,822,634 Illinois residents were enrolled in Medicaid.ⁱ Of that total, 242,746 (8.6%) are deaf or hard of hearing. However, because current reimbursement to audiologists dispensing hearing aids is prohibitively low, many of those in need are not receiving the help they need due to the low number of area providers who accept Medicaid. According to Dr. Arvind Goyal, only 7,700 Medicaid patients received hearing health services in FY13.

- Chicago Hearing Society surveyed 40 hospitals (including safety net hospitals), audiology clinics and other health clinics in the Chicago area. Only 5 reported that they dispense hearing aids to patients with Medicaid.
- Financial analysts at Chicago Hearing Society calculated that current rates must be significantly increased in order for it to be financially feasible for practitioners to provide hearing aids and related services to Medicaid patients. Based on an analysis of costs of two major Medicaid hearing healthcare service providers, the Alliance advocates the rate increases detailed below:

Code	Procedure/Service/Product	Medicaid Rate	Breakeven Rate
V5030	Hearing Aid (Monaural Body)	\$376.00	\$750.00
V5254	Hearing Aid (Monaural CIC)*	\$376.00	\$750.00
V5255	Hearing Aid (Monaural ITC)*	\$376.00	\$750.00

V5256	Hearing Aid (Monaural ITE)*	\$376.00	\$750.00
V5257	Hearing Aid (Monaural BTE)*	\$376.00	\$750.00
V5120	Hearing Aid (Binaural Body)	\$752.00	\$1500.00
V5258	Hearing Aid (Binaural CIC)*	\$752.00	\$1500.00
V5259	Hearing Aid (Binaural ITC)*	\$752.00	\$1500.00
V5260	Hearing Aid (Binaural ITE)*	\$752.00	\$1500.00
V5261	Hearing Aid (Binaural BTE)*	\$752.00	\$1500.00
V5210	Bicros Hearing Aid ITE*	\$752.00	\$1500.00
V5220	Bicros Hearing Aid BTE*	\$752.00	\$1500.00
V5241	Hearing aid Dispense Fee (Monaural)	\$217.14	\$417.14
V5160	Hearing Aid Dispense Fee (Binaural)	\$349.68	\$549.68
-	Reprogramming/Follow-up	\$0.00	\$125.00
V5264	Earmold (Monaural)	\$36.26	\$60.00
V5264	Earmold (Binaural)	\$72.51	\$120.00
92557	Comprehensive Audiometry	\$36.40	\$100.00
92553	Pure Tone Audiometry Air & Bone	\$14.79	\$60.00
92555	Speech Reception Threshold	\$14.79	\$30.00
92567	Tympanometry	\$14.79	\$32.00
92568	Acoustic Reflex	\$13.33	\$28.00
92550	Tympanometry & Acoustic Reflex	\$14.79	\$60.00
92570	Acoustic Immitance Testing	\$14.79	\$85.00
92590	Hearing Aid Exam & Select (Monaural)	\$36.40	\$135.00
92591	Hearing Aid Exam & Select (Binaural)	\$36.40	\$275.00
92585	Brainstem Evoked Resp. (ABR) Retrocochlear	\$52.25	\$275.00
92585	Brainstem Evoked Resp. (ABR) Threshold	\$52.25	\$350.00
92587	Evoked Otoacoustic Emissions; Limited	\$51.28	\$75.00
92588	Evoked Otoacoustic Emissions, Comprehensive	\$59.35	\$92.50

*The Medicaid reimbursement rate listed for the hearing aids themselves is the maximum allowable. It must match the cost on the invoice; no mark-up is allowable. The ideal rate would allow Medicaid patients access to improved technology. It should also be noted that the one-time dispensing fee is billed separately and any follow-up or reprogramming is not billable for Medicaid patients. When vendors price hearing aids for the private pay market, a typical cost for a single hearing aid is \$3,000. The average price for the instrument itself is \$1500. The \$1500 mark-up pays for the dispensing as well as any follow-up visits during the warranty period.

Comments related Population Health

Hearing loss affects more than just what a person is able to hear. A wide variety of negative physical, emotional and cognitive health concerns have been linked to people with hearing loss in the United States.ⁱⁱ It is the opinion of the Hearing Healthcare Alliance for Underserved People if hearing aids are classified as an Essential Health Benefit and Medicaid funding for hearing aids and related testing,

fitting, consultation, dispensing, follow-up and repair is increased, hearing health care will provide massive long-term savings to Illinois medical and social systems.

- People with hearing loss experience distorted communication, greater isolation, withdrawal, reduced sensory input and severely reduced overall psychological health.ⁱⁱⁱ
- Hearing loss has been closely tied to the risk of developing dementia and Alzheimer's.
 - For every 10 decibels of hearing loss, the extra risk of developing Alzheimer's increases by 20 percent.^{iv}
 - Alzheimer's alone will cost the nation \$1.2 trillion per year by 2050.^v
- Physical complications associated with hearing loss include increased risk of cardiovascular disease and stroke.^{vi,vii}
- The risk of a senior falling increases nearly 3-fold with hearing loss.^{viii}
- With 3 in 10 seniors experiencing hearing loss, this increased risk of falling and the resulting injuries generates billions in health care costs annually.^{ix,x}
- Patients with hearing loss and physicians report difficulties with health care communication.^{xi}
- Hearing aid user rates in the pediatric population are only 12%, which means a staggering number of children may experience communication difficulties in the classroom.^{xii}

The impacts of untreated hearing loss across the population can be felt throughout society, straining social, medical and financial systems.

- A study published in MarkeTrak VII found that the impact of untreated hearing loss in household income in the United States is quantified to be more than \$100 billion annually in lost wages. Furthermore, at a 15% tax bracket, the cost to society could be well in excess of \$18 billion due to unrealized taxes.^{xiii}
- When averaged across all employees, the increased prevalence of cardiovascular disease associated hearing loss costs American businesses \$368.34 per employee per year.^{xiv}

It is the opinion of the Hearing Healthcare Alliance for Underserved People that if hearing aids are classified as an Essential Health Benefit and reimbursement from Medicaid is doubled for the hearing aid, testing, consultation and fitting many more patients would be able to receive the hearing health care they need. Raising the allowable cost of the hearing aid would also grant patients access to better technology, which will lead to greater satisfaction and therefore greater compliance in the use of the aid. This increase in patient coverage would help protect against other serious health concerns later in life, which is ultimately beneficial for all involved.

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